

— BREAST CANCER —

Detection or Deception?

Breast cancer rates are on the rise around the world, and X-ray mammography and environmental toxins are partly to blame for the increase.

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When it comes to finding solutions to the many problems facing our lives, the message of His Holiness the Dalai Lama—"Change only takes place through action"—might be our rallying call, and might very well have been the rallying call which galvanised millions of women throughout the world to support the annual Breast Cancer Awareness Month.

Every October since 1985, the recognisable symbol of Breast Cancer Awareness Month—the pink ribbon bow—is prominently displayed all over TV, on posters and in magazine advertisements and proudly adorns women's lapels. The multitude of fundraising runs, hikes, walks and various other events raise hundred of millions of dollars to conquer that dreaded scourge of the modern woman: breast cancer. High-profile companies like Avon, Lee Denim and Revlon have joined ranks, along with the Susan G. Komen Foundation's "Race for the Cure" and the LA City of Hope Hospital's "Walk for Hope". Popular celebrities have been enlisted to lead the charge.

Each year, 180,000 women in the United States are diagnosed with breast cancer and more than 44,000 die of the disease. The US has one of the highest breast cancer rates of any country in the world. Fifty years ago, the incidence for a woman's lifetime risk was one in twenty. Now it has skyrocketed to one in eight. Clearly, the so-called "war on cancer" has not even made a dent into the breast cancer epidemic, as the rate continues to climb by one per cent a year.

The motto of Breast Cancer Awareness Month is "Early detection is your best protection", since the National Cancer Institute stated in 1995 that "Breast cancer is simply not a preventable disease". The American Cancer Society iterated a similar message in 1997 with its announcement that "there are no practical ways to prevent breast cancer—only early detection".¹ Therefore mammograms have become the front line of defence. And celebrities like Rosie O'Donnell offer free T-shirts—bearing the honourable words, "I've been squished"—if you'll just make a date with your local X-ray department.

So let's all join in and wave our pink ribbons and don those running shoes and take to the roads, right? Before you get swept up by the emotional frenzy of this call to arms, there is something you must know.

CONFLICTS OF INTEREST

Breast Cancer Awareness Month's primary sponsor and the mastermind of the event in 1985 was Zeneca Pharmaceuticals, now known as AstraZeneca. AstraZeneca is the company which manufactures the controversial and widely prescribed breast cancer drug, tamoxifen. All TV, radio and print media advertising is paid for and must be approved by AstraZeneca.

It is less well known that AstraZeneca also makes herbicides and fungicides. One of its products, the organochlorine pesticide acetochlor, is implicated as a causal factor in breast cancer. Zeneca's Perry, Ohio, chemical plant is a major source of potential cancer-causing pollution in the US, spewing 53,000 pounds of recognised carcinogens into the air in 1996.²

When it comes to the environmental carcinogens found in pesticides, herbicides, other toxic chemicals and plastics, there is booming silence by all Breast Cancer Awareness Month programs. Did the alarming increase in breast cancer rates just mysteriously happen? Or perhaps the focus on the cure has conveniently ignored the cause? After all, if it became general knowledge that Zeneca's chemical products and factories directly contribute to the breast cancer epidemic, this would certainly sully their PR campaign.

Many experts predicted as far back as 40 years ago that cancer rates would increase, citing an explosion in the use of synthetic chemicals. From 1940 through the early 1980s, production of synthetic chemicals increased by a factor of 350-fold. Billions of tons of substances which had never existed before were released into the environment. Yet only 3% of the 75,000 chemicals in use have been tested for safety. These toxic time bombs are everywhere—in our water, air and food. They are also found in the workplace, in schools and in household cleaners, cosmetics and personal care products. Women who live near toxic waste dumps have 6.5 times the incidence of breast cancer.³

A survey conducted by Dr Mary Wolff of Mt Sinai Hospital, New York, found that women with breast cancer had four times the levels of DDE (a breakdown product of the pesticide DDT) than that found in non-carcinogenic tumours.⁴

Another study investigated why women of higher socio-economic status in the community of Newton, Massachusetts, had a higher incidence of breast cancer than women in the lower socio-economic group.⁵ The researchers attributed the increase to greater use of professional lawn care and dry cleaning services which use known carcinogenic chemicals.

The pesticides/breast cancer link was stunningly highlighted in research from Israel which linked three organochlorine pesticides detected in dairy products to an increase in 12 types of cancer in 10 different strains of mice. After public outcry in 1978 forced the Israeli government to ban the pesticides—benzene hexachloride, DDT and lindane—breast cancer mortality rates, which had increased every year for 25 years, dropped nearly 8% for all age groups and more than one-third for women aged 25 to 34 in 1986.⁶

The American Cancer Society (ACS) was founded with the support of the Rockefeller family in 1913. Members of the chemical and pharmaceutical industry have long had a place on its board.

According to Dr Samuel Epstein, MD, Professor of Occupational and Environmental Medicine at the University of Illinois School of Public Health: "The ACS also has close connections to the mammography industry. Five radiologists have served as ACS presidents, and in its every move the ACS reflects the interests of major manufacturers of mammography machines and film, including Siemens, DuPont, General Electric, Eastman Kodak, and Piker."⁷

Could this have something to do with the fact that the American Cancer Society's latest report on cancer prevention makes no mention of environmental factors or safer screening protocols?

Dr Epstein scathingly attacks the cancer establishment. "Over recent decades, the incidence of cancer has escalated to epidemic proportions while our ability to treat and cure most cancers remains virtually unchanged. Apart from the important role of tobacco, there is substantial and long-standing evidence relating this epidemic to involuntary and avoidable exposure to industrial carcinogens in air, water, the workplace and consumer products. Nevertheless, the priorities of the cancer establishment, the National Cancer Institute and the American Cancer Society remain narrowly fixated on damage control—diagnosis and treatment—and on basic molecular research, with relative indifference to, if not always benign neglect of, prevention. Concerns over this

imbalance are further compounded by serious questions of conflicts of interest, particularly with the multibillion-dollar cancer drug industry."⁸

TOXIC TAMOXIFEN

Perhaps we can forgive Zeneca's involvement with carcinogenic chemicals, since it researched and patented the most popular breast cancer treatment, tamoxifen, manufactured under the name of Nolvadex. Or perhaps not. This highly profitable drug grosses US\$500 million annually.

On May 16, 2000, the *New York Times* reported that the National Institute for Environmental Health Sciences had added 14 substances to its list of known carcinogens.⁹ Tamoxifen was included in that list! However, the government's announcement confirmed what had already been known.

In May 1995, California's expert committee, established from Proposition 65, decided to let the public know that tamoxifen use is likely to cause endometrial cancer.¹⁰ Zeneca Pharmaceuticals did not challenge these findings.

It is known that tamoxifen causes uterine cancer, liver cancer, stomach cancer and colorectal cancer. After just 2 to 3 years of use, tamoxifen increases the incidence of uterine cancer by two to three times. The treatment for uterine cancer is hysterectomy. In addition, tamoxifen increases the risk of stroke, blood clot, eye

damage, menopausal symptoms and depression. The biggest shock of all is the fact that tamoxifen increases the risk of breast cancer! The journal *Science* published a study from Duke University Medical Center in 1999, which showed that after 2 to 5 years of use tamoxifen actually initiated the growth of breast cancer!

So Zeneca, the originator of Breast Cancer Awareness Month, is the manufacturer of carcinogenic petrochemicals, carcinogenic pollutants and a breast cancer drug that causes at least four different types of cancer in women, including breast cancer.

Is something wrong with this picture?

MAMMOGRAPHY DANGERS

Since the Breast Cancer Awareness Month spin doctors claim that breast cancer is "simply not a preventable disease", the focus has shifted to the theme of early detection. Women are now encouraged to start having mammograms earlier than ever before. At one time, only women 50 years or older were told to have this screening. Now the campaign is targeting 40-year-olds and even women as young as twenty-five. However, detection of breast cancer with mammography is not the same as protection from breast cancer.

Questions are being raised about the validity of mammograms. A mammogram is an X-ray. The only acknowledged cause of cancer, according to the American Cancer Society, is from radiation. When it comes to radiation, there is no safe level of exposure.

For 20 years or more, Dr John Gofman, a scientist with degrees in both chemistry and medicine, has been publishing studies of the hazards of low-level radiation. His hypothesis is that "Medical radiation is a highly important cause (probably the principal cause) of cancer mortality in the United States during the twentieth century". Dr Gofman believes that medical X-rays are

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Dr Samuel Epstein warns: "There is clear evidence that the breast, particularly in premenopausal women, is highly sensitive to radiation, with estimates of increased risk of up to 1% for every rad (radiation absorbed dose) unit of X-ray exposure. This projects up to a 20% increased cancer risk for a woman who, in the 1970s, received 10 annual mammograms of an average two rads each. In spite of this, up to 40% of women over 40 have had mammograms since the mid-1960s, some annually and some with exposures of 5–10 rads in a single screening from older, high-dose equipment. Even for low-dosage exposure of two rads or less, this exposure can add up quickly for women having an annual mammography. More recent concern comes from evidence that 1% of women or over one million women in the United States alone carry a gene that increases their breast cancer risk from radiation fourfold."¹²

According to Sharon Batt, author of *Patient No More: The Politics of Breast Cancer*, in her keynote address at the Second World Conference on Breast Cancer in 1999:¹³ "The depths of the mammography deceit began in the early 1970s. It was concocted by insiders at the American Cancer Society and their friends at the National Cancer Institute. The number of women who were put 'at risk' or who died as a result of this nefarious scheme is not known but estimated to be huge. In 1978, Irwin J.D. Bross, Director of Biostatistics at Roswell Park Memorial Institute for Cancer Research, commented about the cancer screening program:

"The women should have been given the information about the hazards of radiation at the same time they were given the sales talk for mammography. Doctors were gung-ho to use it on a large scale. They went right ahead and X-rayed not just a few women but a quarter of a million women. A jump in exposure of a quarter of a million persons to something which could do more harm than good was criminal and it was supported by money from the federal government and the American Cancer Society.

"The National Cancer Institute was warned in 1974 by Professor Malcolm C. Pike, at the University of Southern California School of Medicine, that a number of specialists had concluded that "giving a woman under age 50 a mammogram on a routine basis is close to unethical". Repeat... The experts in the government were told not to do this to healthy women in the year 1974!"

The *Lancet* reported in 1995 that, since mammographic screening was introduced in 1983, the incidence of ductal carcinoma *in situ* (DCIS), which represents 12% of all breast cancer cases, has increased by 328%, and 200% of this increase is due to the use of mammography. This increase is for all women. Since the inception of widespread mammographic screening, the increase for women under the age of 40 has gone up over 3,000%.¹⁴

In addition, mammography provides false tumour reports between 5% and 15% of the time. False positive results mean

more testing, requiring women to be exposed to additional X-rays, creating a more stressful environment and possibly even leading to unneeded surgery.

A large-sample, long-term Canadian study, published in September 2000, proved that an annual mammogram was no more effective in preventing deaths from breast cancer than periodic physical examinations for women in their 50s. In the study of almost 40,000 women aged 50 to 59, half received periodic breast examinations alone and half received breast examinations plus mammograms. All learned to examine their own breasts as well. By 1993, 13 years after the study began, there were 610 cases of invasive breast cancer and 105 deaths in the women who received only breast examinations, compared with 622 invasive breast cancers and 107 deaths in those who received breast examinations and mammograms.¹⁵

"They found smaller cancers, but ultimately the mortality rate was the same," said Suzanne Fletcher, Professor of Preventive

Medicine at Harvard Medical School. She added that cancer screening programs are built on the assumption that "finding it earlier is finding it better", but this study "questions that assumption".¹⁶

"The bottom line," said Cornelia Baines, co-author of the study and Professor of Public Health Sciences at the University of Toronto, "is that the addition of annual mammography screening to physical examination has no impact on breast cancer survival."¹⁷

To add to the mammography controversy, a study published in the prestigious *Journal of the American Medical Association* stated

that mammography screening for breast cancer offers only minimal gains in life expectancy for women beyond the age of 69—a factor which should be taken into consideration when elderly women are deciding about breast cancer screening. Mammography offers the greatest potential benefit for women between 50 and 69 years old; beyond that, the benefits are pretty small, according to the study.¹⁸

Another problem with mammograms is that interpretation is often wrong. In 1996, the journal *Archives of Internal Medicine* published results of a test of

108 radiologists throughout the United States. The test used a set of 79 mammograms where the diagnosis had been verified by subsequent biopsies, surgeries or other follow-up. The radiologists missed cancer in 21% of the films, thought 10% of the women with no breast disease had cancer and thought 42% of benign lesions were cancerous.¹⁹

Another study looked at the records of 8,779 postmenopausal women who had undergone mammography, and found that women taking oestrogen had 33% more false positives (mammograms showed an abnormality but none could be found) and 423% more false negatives (mammograms which missed an abnormality that showed up later) than women not taking oestrogen.²⁰

Further, mammograms are not diagnostic and too frequently lead to unnecessary breast biopsies—an expensive, invasive surgical procedure which causes extreme anxiety, some pain and often physical harm to many women who do not have cancer. According to the 1998 edition of the Merck Manual, for every

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case of breast cancer diagnosed each year, 5 to 10 women will needlessly undergo a painful breast biopsy.

"While there is a general consensus that mammography improves early cancer detection and survival in postmenopausal women, no such benefit is demonstrable for younger women," says Dr Epstein.²¹

In the face of all this evidence, why does the American Cancer Society recommend annual or biannual mammography for all women over the age of 40 (or even younger)? Do the mathematics: a \$100 mammogram for all 62 million US women over 40 and a \$1,000+ biopsy for 1 to 2 million women is an \$8 billion-year industry.

However, there is a superior alternative: digital infrared thermal imaging, which does not use mechanical pressure or ionising radiation. It can also detect signs of breast cancer years earlier than either mammography or a physical exam. Mammography cannot detect a tumour until after it has been growing for years and reaches a certain size. Thermography is able to detect the possibility of breast cancer much earlier, because it can image the early stages of angiogenesis. Angiogenesis is the formation of a direct supply of blood to cancer cells, which is a necessary step before they can grow into larger tumours.²²

It is no surprise, then, that the safer and even more effective diagnostic techniques like infrared thermography have been vigorously attacked by the breast cancer awareness organisations.²³

NATURAL STEPS TO CANCER PREVENTION

So all the hullabaloo that comes each October, enlisting women's support and hard-earned cash, actually does nothing to eliminate the cause of this devastating disease. Instead, women's heart-felt desires and good intentions to find the cause and cure are usurped by the hidden agendas of major transnational corporations which are pushing their toxic drug treatments and diagnostic tools which actually create even more breast cancer. After all, is it really profitable to find safe, non-toxic cures and screening methods?

Women can make the difference in eliminating breast cancer. The breast cancer epidemic is not some great mystery. The causes of cancer are already known. Toxic diets, toxic lifestyles, toxic emotions, toxic environments, toxic drug treatments and toxic

diagnostic techniques cause cancer. Corporations are only interested in increasing their profits and ensuring their tentacles of control; they are not interested in actual solutions.

When it comes to Breast Cancer Awareness Month, women must invest their time and money in other projects, initiatives and treatments which will truly create change.

There are some immediate steps which women can take towards creating a cancer prevention program:

- Eat organic foods as much as possible; not only are they free from harmful chemicals, but they also have much greater nutritional value.
- Eliminate all commercial personal care products as well as commercial household cleaning products and toxic garden pesticides and replace them with safe, organic and biodegradable brands.
- Drink pure, filtered water.
- Refuse steroid hormone treatments such as HRT and the Pill, as these are known to initiate and promote breast cancer.
- Seek out the many natural approaches to regain hormonal balance.
- Detoxify the body and reduce stress.
- Investigate safe screening techniques such as thermography, especially if you are premenopausal.

Instead of allowing major corporations or other vested interests to define the agenda, Breast Cancer Awareness Month can indeed be a powerful time to educate, awaken and empower women to the real causes, preventive measures and truly effective cures for breast cancer.

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Thermography Resources

- www.breastthermography.org
- www.pacificchiro.com
- www.meditherm.com/breasthealth/

Educational Resources

- www.alternativemedicine.com
- www.healthybreastprogram.com
- www.drSusanLove.com
- www.ratical.com/radiation/CNR
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